

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Amt to charge: _____ (USD)

I authorize the **College Bowl Company** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Sign, Date and Print Name Below:

Signed: _____

Dated: _____

Name: _____

Scan and email the completed signed form to: staff@hcasc.com